

Junction City High School Transcript Request Form

Transcript Requests - FOR ALUMNI ONLY

When requesting transcripts, please contact Brandy Moore, Registrar, at 998-2343 x1221 or by email at bmoore@junctioncity.k12.or.us

Your Name: _____

Name Used While Attending JCHS: _____

Today's Date: _____

Grad Year: _____

Number of Unofficial Transcripts: _____ Non-Sealed, Limit 4

Number of Official Transcripts: _____ Sealed, Limit 4

Need Transcripts by (Date): _____

Please mail my official transcript(s) to the following University/College(s):

#1 School Name: _____

School Address: _____

#2 School Name: _____

School Address: _____

#3 School Name: _____

School Address: _____

#4 School Name: _____

School Address: _____

Please mail my transcript(s) to my home address:

Home Address: _____

Phone Number: _____ (Important to submit)

Email Address: _____